

DEC 03 2003

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**Alexandria, Virginia 22313-1450**  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

09/04/2003

Timothy T. Schulte  
 Storage Technology Corporation  
 One StorageTek Drive, MS-4309  
 Louisville, CO 80028-4309

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Stephanie Klepp (Depositor's name)  
 [Signature] (Signature)  
 12/1/2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/690,560	10/18/2000	John W. Svenkeson	00-046-NSC	1651

TITLE OF INVENTION: METHOD OF FORMING ALIGNMENT FEATURES FOR CONDUCTIVE DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	12/04/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALANKO, ANITA KAREN	1765	216-013000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brooks Kushman P.C.

2

3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Storage Technology Corporation

Louisville, Colorado

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advance Order - # of Copies 10

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4545 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date) 12/1/2003

Timothy R. Schulte

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

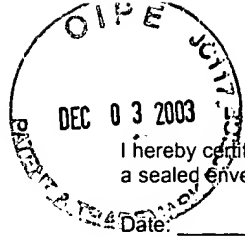
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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12/04/2003 SDIRETAE 00000062 194545 09690560

01 FC:1301 1300.00 DA  
 02 FC:6001 30.00 DA

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this paper, including all enclosures referred to herein, is being deposited with the U.S. Postal Service as first class mail in a sealed envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: 12/1/2003  
Date of Deposit

Stephanie Klepp  
Printed Name: Stephanie Klepp

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: JOHN W. SVENKESON ET AL.	)	EXAMINER: A.K. Alanko
SERIAL NO.: 09/690,560	)	ART UNIT: 1765
FILED: October 18, 2000	)	DATE OF NOTICE OF
	)	ALLOWANCE: September 4, 2003
FOR: METHOD OF FORMING ALIGNMENT FEATURES FOR CONDUCTIVE DEVICES	)	

**ISSUE FEE TRANSMITTAL**

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are the following documents related to the above-identified application:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Acknowledgment of Receipt Card  | <input checked="" type="checkbox"/> Formal drawings submitted to PTO<br>October 18, 2000 |
| <input checked="" type="checkbox"/> Issue Fee Transmittal Form  |  |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-4545 in the amount of \$1,360.00 (\$1,330.00 for Issue Fee and \$30.00 for Advance Order fee).   |  |
| <input checked="" type="checkbox"/> We believe no additional fees are required. If, however, additional fees are, indeed, required, the Commissioner is hereby authorized to charge any additional fees which may be required or credit any overpayment to Deposit Account No. 19-4545. |  |
| <input checked="" type="checkbox"/> Two additional copies of this sheet are enclosed.   |  |

Dated: December 1, 2003

Respectfully submitted,

STORAGE TECHNOLOGY CORPORATION

By: Timothy R. Schulte  
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